

Travel & Expense Account
Transmittal Sheet

After Approval, Mail Receipts To

Dept of Fish and Game
1416 9th St, Rm 1244, Acct.
Sacramento, CA 95814



Employee Name	<u>MCCAMMAN, John</u>
Expense Dates	<u>02/17/10-02/18/10</u>
Total Expense Amount	<u>162.37</u>
Amount Due Employee	<u>162.37</u>
Form ID	<u>TEA000606691</u>

DIRECTIONS FOR SUBMISSION

1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

	Date	Expense Item	Amount	If not submitted - Explain
1)	02/17	Lodging	77.00	
2)	02/17	Auto Rental	45.37	

2. *Forward Transmittal Sheet and attached documentation through your approval process.*

I have reviewed the following documents.

Approved
by:

Helen E CARRIKER

Travel & Expense Account Summary

Employee Name John MCCAMMAN
Expense Dates 02/17/10-02/18/10
Report Name Feb10Klamath

Request Total \$ 162.37
Direct Charge Total - 0.00
Travel Advances - 0.00
Net Due Employee = 162.37

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	Feb10Klamath	162.37

NOTE: (d)=Direct Charge

DATE	Wed Feb 17	Thu Feb 18								TOTAL
Lodging	77.00									77.00
Auto Rental	45.37									45.37
Dinner	18.00									18.00
Breakfast		6.00								6.00
Lunch		10.00								10.00
Incidentals		6.00								6.00
TOTALS \$	140.37	22.00								162.37

<p>Travel & Expense Account Summary & Detail</p>

Trip/Expense Category	Trip Name	Date	Expense Item	Amount	Payment Type
Regular Travel	Feb10Klamath	02/17/10	Lodging	77.00	Cash
Regular Travel	Feb10Klamath	02/17/10	Auto Rental	45.37	Cash
Regular Travel	Feb10Klamath	02/17/10	Dinner	18.00	Cash
Regular Travel	Feb10Klamath	02/18/10	Breakfast	6.00	Cash
Regular Travel	Feb10Klamath	02/18/10	Lunch	10.00	Cash
Regular Travel	Feb10Klamath	02/18/10	Incidentals	6.00	Cash



BY CHOICE HOTELS

COMFORT SUITES SALEM (OR055)

630 HAWTHORNE AVE. S.E.

SALEM, OR 97301 USA

Phone: (503) 585-9705

Fax: (503) 585-9761

gm.or055@choicehotels.com

Account: OR055 - 254576

Date: 02/18/10

Page: 1 of 1

Room: 210 STFED

Arrival Date: 02/17/10 18:22

Departure Date:

Frequent Traveler ID:

You were checked out by:

You were checked in by: BDR

CALIFORNIA DEPT FISH AND GAME

MCCAMMAN, JOHN

X

SACRAMENTO, CA 95814 US

jortiz@dfg.ca.gov

Post Date	Description	Comment	Amount
02/17/10	ROOM CHARGE	#210 MCCAMMAN, JOHN	70.00
02/17/10	TRANSIENT TAX	TRANSIENT TAX	7.00
02/18/10	AMERICAN EXPRESS	CHECKOUT Acct: *****2011	-77.00
Balance Due:			0.00

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x



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630 HAWTHORNE AVE. S.E.

SALEM, OR 97301 USA

Phone: (503) 585-9705

Fax: (503) 585-9761

gm.or055@choicehotels.com

Room: 210

Arrival Date: 02/17/10

Departure Date:

Account: OR055 - 254576

Frequent Traveler ID:

Approval Number:

Card Type: AX

Date: 2/18/2010

Card Number: *****2011

Total: 77.00

JOHN MCCAMMAN

X

SACRAMENTO, CA 95814 US

jortiz@dfg.ca.gov

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x

Thank you for your business! Book your next reservation on choicehotels.com for the best internet rates guaranteed.

2010-03-01 15:28

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ENTERPRISE RENT-A-CAR COMPANY OF OREGON, 806 S.E. 12TH ST., SALEM, OR 973022805 (503) 364-1911

RENTAL AGREEMENT REF#
527077 6Y64TX

SUMMARY OF CHARGES

RENTER
MC CAMMAN, JOHNDATE & TIME OUT
02/17/2010 05:30 PM
DATE & TIME IN
02/19/2010 12:15 PMBILLING CYCLE
24-HOURVEH #1 2009 TOYO SIEN BLE
VIN# 5TDZK23C79S284967
LIC# 842YTH
MILES DRIVEN 22BILL TO ACCOUNT
/FISH & GAME**
ATTN: UNKNOWN
199 N. SUNRISE AVE
ROSEVILL, CA 95661CLAIM INFO
7100 70100

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	02/17 - 02/19	3	DAY	\$64.93	\$194.86
REFUELING CHARGE	02/17 - 02/19				\$0.00
Subtotal:					\$194.86

Taxes & Surcharges					
VEHICLE LICENSE RECOVERY FEE	02/17 - 02/19	2	DAY	\$0.44	\$0.88
Total Charges:					\$195.74

Bill-To / Deposits

/FISH & GAME**					
TIME & DISTANCE	02/17 - 02/19	1	DAY		\$5.37
REFUELING CHARGE	02/17 - 02/19				
VEHICLE LICENSE RECOVERY FEE	02/17 - 02/19	1	DAY		
Subtotal:					\$5.37
Total Amount Due					\$0.00

PAYMENT INFORMATION
AMOUNT PAID TYPE

CREDIT CARD NUMBER